

# A scoping exercise to explore physical **inactivity** in older adults

in Lincolnshire



Executive summary

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# Background and **aims**

Rates of inactivity in older adults (those aged 55 and above) in Lincolnshire are worse than the national average, with 31% of adults aged 55 – 74 and 59% of adults aged over 75 in Lincolnshire inactive, compared with national averages of 27% and 49% respectively (Active Lives Survey 18/19).

The anticipated increase in Lincolnshire's older adult population is expected to be coupled with a further decline in physical activity levels (and an increase in physical inactivity), which is not only a risk factor for falls and skeletal injuries, but also the fourth greatest risk factor for premature death (Joint Health and Wellbeing Strategy for Lincolnshire).

To help meet the predicted increase in demand for care from an inactive and ageing population, and in-line with the Blueprint for a more active Lincolnshire, Active Lincolnshire want to increase rates of activity and decrease rates of inactivity in older adults by promoting and supporting regular daily activity. Recent guidelines published by the Chief Medical Officers' (CMO) suggest that each week adults and older adults should accumulate 150 minutes of moderate or 75 minutes of vigorous intensity aerobic activity, or a combination of both. However, it also emphasises that any daily activity is better than none; even light activity brings benefits to health and wellbeing when compared to sedentary behaviours.

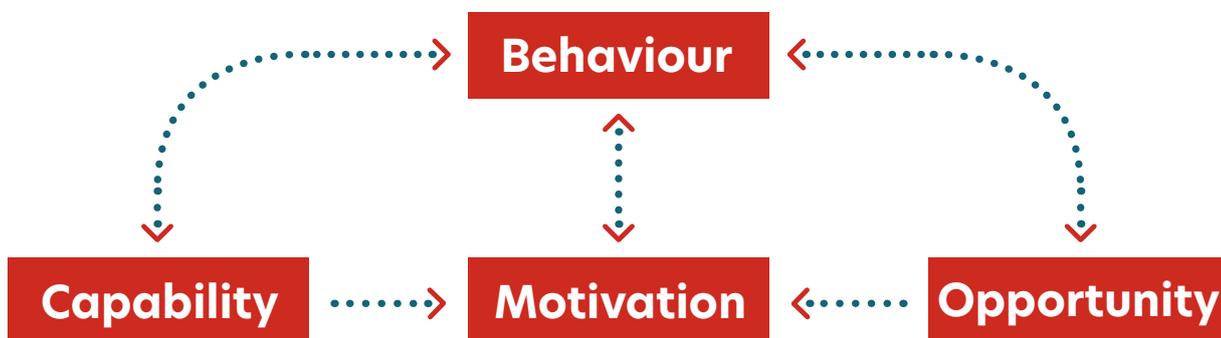
In order to understand how they could better promote and support regular daily activity among older adults in Lincolnshire, Active Lincolnshire commissioned Social Change UK to undertake a scoping exercise to understand current provision, what is missing and what more can be done to help older adults get and keep active.



# The COM-B model

We embedded the COM-B model throughout our research, from the development of the research tools to the analysis of the findings, to ensure we uncovered behavioural insights key to understanding why many older adults are physically inactive.

The COM-B model proposes that there are three components to any Behaviour (B): Capability (C), Opportunity (O) and Motivation (M). In order to perform a behaviour, an individual must feel they are both psychologically and physical able to do so (C), have the social and physical opportunity for the behaviour (O), and want or need to carry out this behaviour more than other behaviours (M).



## Capability

Capability refers to whether we have the knowledge, skills and abilities required to engage in a particular behaviour. Its two components are:

- Psychological Capability: our knowledge/ psychological strength, skills or stamina
- Physical Capability: our physical strength, skill or stamina

## Opportunity

In the context of this model, opportunity refers to the external factors which make the execution of a particular behaviour possible. Its two components are:

- Physical Opportunity: opportunities provided by the environment, such as time, location and resource
- Social Opportunity: opportunities as a result of social factors, such as cultural norms and social cues

## Motivation

Motivation refers to the internal processes which influence our decision making and behaviours. Its two components are:

- Reflective Motivation: reflective processes, such as making plans and evaluating things that have already happened
- Automatic Motivation: automatic processes, such as our desires, impulses and inhibitions

# Audience groups

The research we undertook with Lincolnshire residents [over 55 years old] allowed us to segment the audience into four behavioural clusters. We named these: "I'm already at my limits", "I'm not bothered", "I can't do this" and "push me".



## "I'm already at my limits"

**Most likely to be: 65 - 69 , IMD 7**

This segment is the most difficult to change. They have the highest capabilities, opportunities and motivation to be active, but already think they are doing enough and are unlikely to push themselves to do more. This is true even if their idea of 'being active' is not congruent with activities that are recognised and defined as 'physical activity'.



## "I'm not bothered"

**Most likely to be: 60 - 64, IMD 3**

This segment is difficult to change. They have some capability to be active but lack the opportunities and motivation to engage with physical activity. They don't consider regular activity to be that important and so are unlikely to increase their physical activity levels.



## "I can't do this"

**Most likely to be: 60 - 64, IMD 7**

This group are likely to change. While they have the lowest levels of capability, opportunity and motivation across the segment groups, they do recognise the importance of doing regular activity.



## "Push me"

**Most likely to be: 60 - 64, IMD 3**

This group is the most likely to change. They have some degree of capability, opportunity and motivation and consider regular exercise to be important. They are easily influenced and motivated by others and regularly use a range of communication channels.

# Capability insights

The research found that in terms of capability, these are the key insights.



## A lack of support for me

Residents want help to overcome any limiting health conditions they have and want their instructors to be experienced and qualified in both working with health conditions and older adults.

## My current activity

Residents want to be in control; they are aware of their limits and want to work within these, often through gentle exercises at their own pace. Some residents don't feel that they can do more than what their current activities include due to what they recognise as age-related limitations (i.e. mobility) or because they don't feel emotionally ready to do so (i.e. due to social isolation).

# Opportunity Insights

The research found that when considering opportunity, these are the key insights.

## I need social engagement

Residents want to do activities with others, preferably in a group setting. However, just as this group setting is key to obtain and maintain engagement, it can also deter residents if it is considered to be an unwelcoming environment.

## Travelling to activities is challenging

Many activities are too far away for residents and travelling this distance is not an option. They consider public transport to be too unreliable and costly to use, and some residents do not feel safe travelling on the uneven footpaths in their communities, particularly in the dark.

## Advertisement of activities

Although residents want to know what is happening in their local area, not everyone is willing to actively look for this information. This is particularly true if the information is only available online, as many residents do not use the internet.

# Motivation insights

The research found that in terms of motivation, these are the key insights.

## How to motivate me

Although residents want to know what is happening in their local area, not everyone is willing to actively look for this information. This is particularly true if the information is only available online, as many residents do not use the internet.

## My motivation to do more

Getting more physically active is seen as a daunting task for residents and is not a priority for them. For some, their idea of 'being active' simply means leaving the house. They would prefer to take small steps towards being physically active, and would be more motivated by knowing what being active would do for them specifically as opposed to general messages of encouragement.

# Capability recommendations



## Support residents of all abilities

Support residents of all capabilities and health levels to be more active. Provide trained instructors to lead activities so they can work within parameters that residents are comfortable with, whilst also challenging their perceived limitations. This will enable instructors to take a health by stealth approach to tackling the 'I can't do this' mindset held by many residents. Focusing on their achievements and what they can do will support them to feel able to do more.

## Support residents to overcome social isolation

Residents who are socially isolated do not feel emotionally ready to be active, and this needs to be tackled as a first step to support them to be more physically active. Start small and provide residents with small goals, such as signing up to online groups or arranging a pen pal. Build their confidence so they feel more able to be in social settings and then begin to integrate social and physical activities into these.

# Opportunity recommendations

## Social engagement

Provide more group activities with social engagement at their core and offer group taster sessions to encourage residents to attend and reach out to new people.

## Make local activities available and accessible

Provide more local activities tailored to be accessible to anyone (in particular, men) and promote these widely through a range of channels to reassure residents that they do not need to travel far to attend their activities. In addition to more local activities, consider promoting activities that can be done at home or developing initiatives which take activities to residents (e.g. weekly street sessions that get people out of their homes).

# Motivation recommendations

## Make activities something residents want to attend

Provide a wide range of fun and intergenerational activities to motivate residents to engage and take part in these. Invest in giving residents reasons to attend in the initial activity session and then sustain their engagement by providing reasons to stay, e.g. a loyalty card. Getting residents to make a commitment to the activity will greatly increase their chances of sustaining their attendance.

## Support and motivate residents to be more active

Provide residents with more reasons to be active by going beyond general messages to provide more tailored and personal messages. Educate residents on what it actually means to be 'active', support them in understanding how they specifically can be more active and then market activities in-line with their personal needs and motivations.

# Stakeholder and partner recommendations

Following the residents research and initial stakeholders and partners survey, we hosted an 'Insight into Action' workshop at Bishop Grosseteste University on the 31st October 2019. We presented our findings to stakeholders and partners working with older residents in Lincolnshire and engaged them with exercises to generate key recommendations for supporting older residents to be more active.

## Engage residents through social groups

- Use community champions and 'activators' to help individuals find activities and motivate them to engage with these. The commitment required by champions and activators to get the community motivated and engaged would also have a positive effect on the champions and activators themselves and increase their own motivations to engage with physical activities. These champions can work to strengthen communities by developing community assets and resilience.
- Utilise schools and youth groups to enable intergenerational activities so that children and young people can encourage and motivate older adults to engage in activities.
- Take a health by stealth approach by integrating physical activity into existing social activities and develop new social activities which appeal to residents (e.g. men in sheds) and have physical activity embedded into them.

## Advertise and market activities

- Work with local authorities, stakeholders and partners across communities to develop a central 'hub' where available activities are documented. This will make it easier for people to find these activities (such as through an activity finder). Following the development of this comprehensive overview of activities available in Lincolnshire, work to promote and raise awareness of these with residents according to their suitability, e.g. advertising activities suitable for over 55s to the older adult demographic.
- Change the language and approach used to promote activities and the benefits of being physically active. Use marketing and language which is both appropriate and relevant to residents over the age of 55. An example would be to use case studies of local people in Lincolnshire to better relate to residents and remain relevant.

## Change perceptions

- Take a community / social approach to encouraging activity. Get the whole community engaged with each other so they have the opportunity to engage with 'people like me' and re-frame physical activity as a social activity as opposed to a chore.
- Work to alter stakeholder perceptions with regards to how change can be achieved. Emphasise that they need to go beyond the top-level focus and take a person-centred approach to supporting physical activity. They need to understand residents' deeper wants, needs and barriers with regards to being physically active and then work with these to develop more tailored programmes and approaches, as opposed to taking a 'one size fits all' approach and providing new facilities which residents are unlikely to use.



# Recommendations



Following the completion of all resident and stakeholder research, and using our skills and experience, we have provided you with a set of recommendations to help you facilitate behaviour change and move and motivate older people to embed physical activity into their daily lives.

1.

Most residents are physically active on their own - but they want to be physically active with others. Continue to support and promote group and family 'together' activities or set them up where they do not exist.

2.

Enabling greater confidence and improved self-esteem must be considered when designing physical activity into older residents' day to day lives. What we think might appeal, or what we believe they can do will be dismissed by those feeling they lack capability or fear the unknown. Stakeholders need to change their approach and go beyond merely providing the means and encouragement to do activities. They need to support people with low or low perceptions of capability.

3.

Residents are influenced by people 'like them'. Encourage word of mouth and consider community activation. This can be achieved by recruiting 20 super activators who each have to find 10 residents to join them each. Those recruited then must also sign up another 10 people.

4.

Change perceptions from "I can't" [because of my health] to "I must" [because of my health]. This could include promoting '10 ways to move more - even with a bad back' or "10 ways to move more - even with knobbly knees and sore joints".

# 5.

Reframe the conversation around physical activity to tackle deep seated views that physical activity is an 'add on' and cannot be built into a busy schedule, or because they feel too tired or that other priorities such as spending time with family is more important.

# 6.

Offer more outdoor activities that utilise our wonderful green spaces in Lincolnshire. These events need to be consistent to allow word of mouth to grow and encourage participation. For example, Saturday 'Park Fun' [for those who cannot get to a Park Run or feel they cannot run]. This could be held in a green space/ area and showcase a range of group/ family activities that can be done outdoors and bring people together to take part in active challenges. Equally, this could also be done in an indoor local space for people much older [in winter months].

# 7.

Encourage use of community facilities or increase participation at established events by incentivising older people to do more physical activity. Our suggestion is a loyalty card/ voucher booklet that would give people aged over 55 discounted access to paid for activities. Many places offer discounts for 'OAPs' but if a county wide scheme was set up and widely advertised [perhaps linked to free bus passes and bus routes] many would be encouraged to use the facilities more often. A rewards structure such as 'free tea or coffee' after attending 10 sessions would help to sustain attendance.

# 8.

Walking groups probably offer the best opportunity to encourage greater physical activity. Invest in the promotion of existing groups and create new groups and routes in areas underrepresented. Consider producing a mini booklet of all the walking groups and routes across Lincolnshire and present the audience with a challenge of completing 52 routes a year [one a week]. The key is to make activity fun, easy and popular.

# 9.

Despite a lot on offer, many residents do not feel aware of what is available to them. Online advertising will help to build awareness but utilising the local free magazines to advertise will also build awareness.

# 10.

We have many younger 'older people' who are looking for less traditional activities often marketed at their age group (aged 55-65). These are what we are calling the 'lost active generation' and activities for this group must be 're-designed' to appeal to this audience.

# 11.

Encourage stakeholders and partners across Lincolnshire to work together and meet more regularly, using these recommendations to work collaboratively to make changes across the wider systems in which they work and have influence (to generate and foster a whole-systems approach). This will help to ensure that changes in increasing older Lincolnshire residents' levels of activities are more successful and sustainable in the longer term.

# This research was conducted by Social Change UK

[www.social-change.co.uk](http://www.social-change.co.uk)

